

Councilman Michael Mack
invites youth ages 5-11 to participate in the



Come spin your wheels with us and learn the latest skateboarding tricks. This clinic is designed to teach beginner skateboarders techniques that will help you move like the pros. Participants will also learn safety precautions and how to avoid dangerous skating activities.

Saturday, March 23, 2002

Sunny Springs Park

7620 Golden Talon Ave.

(Near Elkhorn and Buffalo)

Skateboarding Clinic

10:00 AM - 12:00 PM

Participant Free Skate

12:00 PM - 1:00 PM

Clinic Check-in begins at 9:15 AM

Breakfast and lunch will be provided

This clinic is **FREE** to participants. Please bring your skateboard. **Safety Equipment Required:** helmet, knee and elbow pads, and wrist guards. Youth participants will be given a t-shirt.

Clinic taught by:



Registration: March 6, 2002-March 15, 2002.

Register Now! Space is available for the first 75 registrants.

To register, please fill out the attached form and mail to
Neighborhood Services Department, 400 Stewart Ave., Las Vegas, NV 89101.

For more information, call 229-2330.



REGISTRATION FORM

Participant's name: _____

Age: _____ Birth Date: _____

Address: _____ Zip: _____

Parent/Guardian's Name: _____

Phone: _____ Parent's Work #: _____

In Case of Emergency: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Insurance Information: (not required for participation)

Company: _____

Policy Holder: _____

Group#: _____ Policy#: _____

Family Doctor: _____ Phone: _____

For ourselves and on behalf of our child named below, our heirs, executors and administrators, we hereby expressly and forever waive and release the City of Las Vegas and all their respective officers, employees, agents or representatives from any and all personal injury or damages sustained, incurred, arising from or connected with travel to/return from the Youth Sportsmanship Clinic including classes, tournaments and/or special events, and all activities related to, or in conjunction with said activity of our child.

Child's name: _____

Signature of Parent or Guardian: _____ Date: _____